

62,104

U.S. Department of Labor

Employment and Training Administration

OMB No. 1205-0342

Expires: 11/30/2008



Petition for Trade Adjustment Assistance (TAA) and Alternative Trade Adjustment Assistance (ATAA)

Information in all sections should be printed or typed.

Section 1. Petitioner Information

1. Provide petitioner information below. Workers completing this Petition Form must fill in all three columns. Other petitioners must fill in at least the Petitioner 1 column.

	Petitioner 1	Petitioner 2	Petitioner 3
a) Name	[REDACTED]		
b) Title	Manufacturing Director		
c) Street Address	2700 East Frontage Road		
City	Weatherford		
State, Zip	Oklahoma 73009		
d) Phone - Main	[REDACTED]		
e) Phone - Alternate	[REDACTED]		
f) Email	[REDACTED]		
g) Worker Separation Date	October 15, 2007		
h) Petitioner Type: (please check one)	Three Workers <input type="checkbox"/>	Company Official <input checked="" type="checkbox"/>	Union Official <input type="checkbox"/>
	State Workforce Office <input type="checkbox"/>	One-Stop Operator/Partner <input type="checkbox"/>	Other Authorized Representative <input type="checkbox"/>

Section 2. Workers' Firm/Subdivision Information

2. Provide information on the firm or appropriate subdivision employing the worker group. Workers completing this petition should provide information for the subdivision/location where they work. All other petitioner types may apply on behalf of more than one subdivision; if you choose to do so, attach additional sheets as necessary.

a) Name of Firm/Subdivision	Imation Corporation/Weatherford, OK
b) Street Address	2700 East Frontage Road
City	Weatherford
State, Zip	Oklahoma 73009
c) Phone	[REDACTED]
d) Website (if appropriate)	www.imation.com
e) Federal Employer Identification Number (if known)	41-1838502
f) What (if any) articles are produced at subject firm? If none are produced, what do workers do?	Magnetic Data Storage Tape Cartridges/3.5" Diskette Media
g) How many workers have been or will be laid off?	Approximately 80 employees
h) Is the plant closing? <u>No</u>	If yes, when? _____

3. Provide contact information for two knowledgeable officials familiar with the trade effects at each firm/subdivision.

	Firm/Subdivision Official 1	Firm/Subdivision Official 2 (if known)
a) Name	[REDACTED]	[REDACTED]
b) Title	Manufacturing Director	Human Resource Manager
c) Phone - Work	[REDACTED]	[REDACTED]
d) Phone - Alternate	[REDACTED]	[REDACTED]
e) Fax	[REDACTED]	[REDACTED]
Email	[REDACTED]	[REDACTED]

4. Is the worker group (check the boxes that apply):

a) ☒ Employed by a firm/subdivision that produces an article(s)

b) ☐ Contracted to perform work for a firm/subdivision that produces an article(s)

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Section 3. Trade Effects

5. In your opinion, does the worker group work at a firm or subdivision that has: (check appropriate box(es) below)

- a) ☒ Increased imports of like or directly competitive article(s) from a foreign country(s)
☒ Shifted production of the article(s) to a foreign country(s)
☐ Customers that have increased imports from a foreign country(s)
- b) ☒ Supplied component parts for articles produced by a firm with a currently TAA certified worker group
- c) ☒ Assembled or finished articles provided by a firm with a currently TAA certified worker group

6. If you checked Question 5(b) or 5(c) above, provide the following information for the firm with a currently TAA certified worker group:

a) Firm Name Imation - Wahpeton, North Dakota

b) Street Address 2100 North 15th Street

City Wahpeton

State, Zip North Dakota 58075

c) Phone [REDACTED]

d) Article(s) Produced C-Zeroes, clamps

e) Certification Number and Date (If known) _____

7. Provide the reasons why you believe the worker group is eligible for TAA and ATAA certification. In the space below. Submit any available information or evidence that shows that the worker group is eligible as an attachment to the petition form.
All magnetic data storage tape cartridges and 3.5" Diskette Media converting/support in Weatherford, Oklahoma will be outsourced to Juarez, Mexico beginning July 20, 2007

8. Check the box below if you have attached any additional information or supporting documents.

☒ I have attached additional information or supporting documents.

Section 4. Affirmation of Information

The information you provide on this petition form will be used for the purposes of determining worker group eligibility and providing notice to petitioners, workers, and the general public that the petition has been filed and whether the worker group is eligible. Knowingly falsifying any information on this Petition Form is a Federal offense (18 USC § 1001) and a violation of the Trade Act (19 USC § 2316). Each of the petitioners listed in Question 1 must sign below and the petition must be dated in order to be valid. By signing below, you agree to the following statement:

"Under penalty of law, I declare that to the best of my knowledge and belief the information I have provided is true, correct, and complete."

a) Signature [REDACTED]

b) Name (Print) _____

c) Date of Petition September 5, 2007 9-5-2007

The petition will be made available for public inspection and copying under the Freedom of Information Act, as amended (5 USC § 552), Executive Order 12600, and 29 CFR Part 70, upon written request to the Department of Labor.